

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Laniolu Hale at Hawaii Kai	CHAPTER 100.1
Address: 1261 Lunalilo Home Road, Honolulu, Hawaii 96825	Inspection Date: August 13, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Resident #1, admitted on 6/28/19. However, Primary Care Giver provided training for substitutes in August 2017. No evidence of substitute care giver training for the following:</p> <ol style="list-style-type: none"> 1. Documentation of parameters as ordered by physician prior to medication administration 2. Procedure to follow when medication label tag reads, "Order changed see record." Note tag must have the date of order change listed. 3. Procedure for monitoring blood glucose readings 4. Procedure for and glucose tablets available PRN 5. Procedure for notifying the physician as ordered 6. Procedure for subcutaneous medication 7. Procedure for uses of the SHARPS container 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1, caregivers check blood pressure and pulse; however, caregiver did not follow parameter as follows:</p> <ol style="list-style-type: none"> 1. Order dated 7/2/19 reads, "Carvedilol 3.125 mg i po BID, hold SBP <100 or HR < 60." 2. Medication administration record (MAR) dated 7/28/19, 8 PM reads, medication made available. 3. However, document for pulse 7/28/19, 7:30 PM reads 56. Record of pulse & BP is not in MAR. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____